



I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
Dated: November 4, 2008 Signature: Jeanne M. Brashear
(Jeanne M. Brashear)

112 1633
Docket No.: 31265/5877A
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re Patent Application of:
Xin Lu et al.

Application No.: 10/581,569

Confirmation No.: 3614

Filed: January 16, 2007

Art Unit: 1633

For: SCREENING ASSAY AND TREATMENT

Examiner: Scott Long

RESPONSE TO THE NOTICE TO PAY EXCESS CLAIMS FEES

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This paper is in response to the Notice to File Excess Claims Fees mailed October 20, 2008. This response is timely filed.

In response, submitted herewith is a check in the amount of \$1,865.00 to cover the fees associated with the introduction of new claims 49-78 filed in the second preliminary amendment dated August 12, 2008. The Director is hereby authorized to charge any additional fee associated with this submission to Deposit Account No. 13-2855, under Order No. 31265/5877A.

Dated: November 4, 2008

Respectfully submitted,

By: Jeanne M. Brashear
Jeanne M. Brashear

Registration No.: 56,301
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11/07/2008 WASFAW1 00000002 132855 10581569

01 FC:2202	1638.00	OP
02 FC:2201	110.00	OP
03 FC:2203	78.00	DA
	117.00	OP

NOV 06 2008

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,86500)

Complete if Known

Application Number	10/581,569-Conf. #3614
Filing Date	January 16, 2007
First Named Inventor	Xin Lu
Examiner Name	Scott Long
Art Unit	1633
Attorney Docket No.	31265/5877A

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 13-2855 Deposit Account Name: MARSHALL, GERSTEIN & BORUN LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

52 26

Each independent claim over 3 (including Reissues)

220 110

Multiple dependent claims

390 195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
104 - 41 or HP	63	x 25.00	= 1,575.00	Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

185.00 185.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
10 - 9 or HP	1	x 105.00	= 105.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY	Signature	Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	Jeanne M. Brashear	56,301	(312) 474-6300

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